

Culturally and Linguistically Appropriate Services (CLAS) Initiative  
Culturally Competent Practice Subcommittee  
Meeting Minutes

July 9, 2007

250 Washington Street, Conference Room 5B

3:00 PM

Meeting Attendees: Rebecca Bishop, Marisa Chiang, James Destine, Christine Haley Medina, Janice Mirabassi, Jose Morales, Sheila Nelson, Jen Parks, Monica Reyes  
(Ron O'Connor sick – will not attend today's meeting)

- I. Introductions
- II. Last Month's Meeting Evaluation
  - A. Last month there was an agenda, but didn't really stick to it; we will work on it for today's meeting
- III. Subcommittee Updates
  - A. Organizational Supports
    - 1. Developing work plan
  - B. Coordinating Committee
    - 1. meet every 3<sup>rd</sup> Thursday, 10am to 12pm
    - 2. every subcommittee will have a representative
    - 3. standard language for RFR should be developed by the subcommittees
- IV. Defining Terms Exercise
  - A. Purpose – for external or internal use?
    - 1. Both – we need the definitions internally to better understand standards
    - 2. Other subcommittees working on the same thing, so we can make sure we are all talking about the same thing
    - 3. When a provider reads a standard that says “health care organization” there needs to be some language that everyone who picks this up knows the standards pertain to them, e.g. Health care organizations (broadly defined as x,y,z)
    - 4. We need to know what the definitions are so when we develop the RFR process, we understand what they mean
  - B. Have definitions been created before?
    - 1. Yes, Los Angeles County has done work; Christine can bring them to next meeting
- V. Health Care Organization
  - A. Definitions include: regional center for healthy communities, prevention programs, youth intervention programs, detox units, short term (transitional) residential unit, residential treatment centers (e.g. recovery homes), recover support services, outpatient counseling office, day treatment program, opioid treatment program, clinic, health care centers, health insurance companies, acute care hospitals, emergency departments,

- public hospitals, nursing homes, any organization that provides health care services
- B. Think beyond the organizational perspective, to a patient perspective: anyone that responds to a health care need
- VI. Care
  - A. Definitions include: outreach, physical and mental health; beyond clinical/billable services; intake, case management, individual counseling, group counseling, nursing, psychiatric, support groups, concerned and mindful
  - B. Legality of standards
    - 1. Law says any organizations that receives federal funding should follow CLAS standards
    - 2. World Health Organization defines health care as a human right
- VII. Respectful
  - A. Definitions include: effective and understandable, all forms of contact with clients; polite e.g. using low level language; seeing the dignity and autonomy of the person; meet all cultural, linguistic and emotional needs of client; understand that not one model works for everyone; individualized; meeting the individual where they are, not making assumptions about where they are; considerate of others as if you are on the receiving end; understand that the person is from a certain culture but respecting them as an individual; actively listening, paying attention, and responding to what the individual says she/he needs; not making assumptions about a person based on what they look like, how they speak, or anything you may know about them from outside information
  - B. Provider role in respectful care
    - 1. sometimes patient doesn't want to be the decision maker, but asks you "what to do"
    - 2. help the person towards their goal for health, not the organization's goal for health
- VIII. Effective
  - A. Definitions include: Having the intended or expected effect; producing strong impression or response; measurable results; showing results over a period of time to show their usefulness; useful and helpful; accountability – not only does it work, but if it doesn't work then how is it remedied?
- IX. Understandable
  - A. Definitions include: allows the individual to respond in such a way that shows she/he understands; patient understands what is said, avoid buzz-words, e.g. in-patient, out-patient; clear message; individual has enough information to be able to make their own health care decisions; in a way that is clear to you, plain language; clear; message whereby one is able to think about it and use concept to deal adequately with that object; a language if one can consciously reproduce the information content conveyed by the message
  - B. Language and access overlap here – when you are in crisis you can't take it all in the first time

- C. In some cultures you may want to be told the information directly; in other cultures you want the information to be told to the head of the family, and then the head of the family tells the patient
  - D. Health care concepts – not just the language differences; the concept of “primary care” might be foreign in patient’s own culture; provider needs to understand the health care concept of the patient
- X. Cultural health beliefs/practice
  - A. Definitions include: what the individual believes and or does about their own health; what types of medicines they use, what they eat, do, how they exercise, what types of medicines or treatments they know about and believe in based on the culture/s which they identify; carry out
  - B. Non-certified physicians – how to marry the two practices; parallel treatment
  - C. Fatalism – ideas about being healthy or being sick; if you are sick it was meant to be, “when it is your time to go, it is your time to go”
  - D. Cultural beliefs effect how you get care, and how your community will react to you receiving care; e.g. people who won’t go on HIV meds because stigma if people find out, birth control
  - E. Not only ethnic cultural beliefs, but age cultural, e.g. teenage beliefs, elder beliefs
  - F. In some cultures, medicine is not preventive, because don’t have money to see a psychologist; wait until you get sick and then you go to the doctor
- XI. Compatible
  - A. Definitions include: allow for weight and considerations; work with instead of in opposition to; patient has ability, resources to do; well-linked; both people have a clear understanding of; attune
- XII. Work Plan
  - A. Committees working on develop work plan
    - 1. Identifying goals, objectives and activities
    - 2. Draft work plan taken from work from logic model
      - a. a working document that can be changed by committee as needed
    - 3. Once group finishes defining terms, can put work plan on paper
    - 4. Questions
      - a. What is the real extent of our powers as a group?
      - b. What activities are realistic for our group to implement?
- XIII. Next Steps
  - A. Finish the definitions for Standards 2 and 3 at August Meeting
  - B. September Meeting – look and logic model and begin developing work plan
  - C. Complete R/E/L data collection and meeting evaluation form
  - D. Send definitions to Christine and she will compile them
  - E. Meeting time change – some members cannot attend meeting until 3 and others need to leave at 4
    - a. next meeting will be from 2:45-4:15, August 13, Room 5B

C. Haley Medina 07.18.07

